



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
Board of Registration in Nursing
239 Causeway Street, Suite 500, Boston, MA 02114

MARYLOU SUDDERS
Secretary
MONICA BHAREL, MD, MPH
Commissioner

Tel: 617-973-0900
TTY : 617-973-0988
<http://www.mass.gov/dph/boards/rn>

CASP Amendment Request

Name of SARP Participant (please print) _____

Original Consent Agreement for SARP Participation (CASP) Effective Date: _____

Sobriety Date: _____

Proposed CASP Amendment (CA) /Change to CASP

- ☐ Change from No Nursing Practice to CA-1 / CA-2 (circle one):
- ☐ Change from CA-1 to CA-2 / CA-2A (circle one):
- ☐ Change from CA-2 / CA-2A (circle one) to CA-3 / CA-3A (circle one):
- ☐ Change from Biweekly Therapy to PRN Therapy or Reduced Therapy (circle one):
- ☐ Request for Discharge from SARP:

Are you currently employed in Nursing? ☐ Yes ☐ No

If Yes:

1. Is medication administration required in this role? ☐ Yes ☐ No
2. Job Title: _____ Date of Hire: _____
3. Work location: _____

Rationale for Change: _____

Please describe the progress in your recovery that supports this change: _____

When appropriate, please forward your Therapist and/ or Employer's recommendations to us regarding the requested change. Please indicate which recommendation is being forward to SARP staff:

Therapist recommendation [] Yes [] No Employer Recommendation [] Yes [] No

Licensee signature Date

CASP Amendment Request

CASP Amendments

CA-1 Nursing practice w/o medication privileges
CA-2 Nursing practice with basic medication privileges
CA-2A – CA-2 with APRN guidelines
CA-3 Nursing practice with full medication privileges
Including controlled substances, classes II-V
CA-3A – CA3 with APRN guidelines